TennCare Companion Guide

837 Health Care Claim: Institutional V5010X223A2

Version: 1.0 Final

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Company: Bureau of TennCare

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Trading Partner: Fee For Service Partner

Notes:

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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837

Health Care Claim: Institutional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required
Heading	;:						
<u>Pos</u>	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical	M	1			Required
		Transaction					
LOOP I	D - 1000	<u>4</u>			<u>1</u>	N1/0200L	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact	O	2			Required
		Information					_
	7 1000		•				
LOOP I	D - 1000	<u> </u>			<u>1</u>	<u>N1/0200L</u>	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

Pos	<u>Id</u>	Segment Name	Req	Max Use	Repeat	Notes	<u>Usage</u>
LOOP I	D - 2000	<u>A</u>			<u>>1</u>		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	О	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP I	D - 2010	<u>AA</u>			<u>1</u>	N2/0150L	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	О	1			Required
0350	REF	Billing Provider Tax Identification	О	1			Required
0400	PER	Billing Provider Contact Information	0	2			Situational
LOOP	D - 2010	AB			1	N2/0150L	
0150	NM1	Pay-to Address Name	О	1	-	N2/0150	Situational

0250	N3	Day To Address ADDDESS	0	1			Daguinad
0300	N3 N4	Pay-To Address - ADDRESS Pay-to Address City, State,	0 0	1 1			Required Required
0300	114	ZIP Code	O	1			Required
LOOP I	ID - 2010A	AC .			1	N2/0150L	
0150	NM1	Pay-To Plan Name	O	1	=	N2/0150	Situational
0250	N3	Pay-To Plan Address	Ō	1			Required
0300	N4	Pay-To Plan City/State/Zip	0	1			Required
		Code					•
0350	REF	Pay-To Plan Secondary	O	1			Situational
		Identification					
0350	REF	Pay-To Tax Identification	O	1			Required
		Number					
LOOP I	D - 2000I	<u>3</u>	·		<u>>1</u>		
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	O	1			Required
LOOP I	ID - 2010I	<u>BA</u>			<u>1</u>	N2/0150L	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP	O	1			Situational
0220	Dire	Code	0	4			G:4 : 1
0320	DMG	Subscriber Demographic Information	О	1			Situational
0350	REF	Subscriber Secondary	O	1			Situational
0330	KLI	Identification	O	1			Situational
0350	REF	Property and Casualty Claim	O	1			Situational
		Number					
LOOP I	D - 2010I	BB	•		1	N2/0150L	
0150	NM1	Payer Name	O	1	_	N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary	O	1			Situational
		Identification					
LOOP I	ID - 2300	,	*		100	•	
1300	CLM	Claim information	О	1	<u> </u>		Situational
1350	DTP	Discharge Hour	O	1			Situational
1350	DTP	Statement Dates	O	1			Required
1350	DTP	Admission Date/Hour	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1400	CI 1	Institutional Claim Code	O	1			Required
1400	CL1	montational Claim Code	-	-			
1550	PWK	Claim Supplemental	O	10			Situational
1550	PWK	Claim Supplemental Information	O	10			
1550 1600	PWK CN1	Claim Supplemental Information Contract Information	O O	10 1			Situational
1550 1600 1750	PWK CN1 AMT	Claim Supplemental Information Contract Information Patient Estimated Amount Due	0 0 0	10 1 1			Situational Situational
1550 1600	PWK CN1	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization	O O	10 1			Situational
1550 1600 1750 1800	PWK CN1 AMT REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code	0 0 0 0	10 1 1 1			Situational Situational Situational
1550 1600 1750 1800	PWK CN1 AMT REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number	0 0 0 0	10 1 1 1			Situational Situational Situational
1550 1600 1750 1800 1800	PWK CN1 AMT REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization	0 0 0 0	10 1 1 1 1			Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800	PWK CN1 AMT REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number	0 0 0 0	10 1 1 1 1 1			Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800 1800	PWK CN1 AMT REF REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number Repriced Claim Number	0 0 0 0 0	10 1 1 1 1 1 1			Situational Situational Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800	PWK CN1 AMT REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number	0 0 0 0	10 1 1 1 1 1			Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800 1800	PWK CN1 AMT REF REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number Repriced Claim Number Adjusted Repriced Claim	0 0 0 0 0	10 1 1 1 1 1 1			Situational Situational Situational Situational Situational Situational Situational

1800	REF	Claim Identifier For Transmission Intermediaries	О	1			Situational
1800	REF	Auto Accident State	0	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Peer Review Organization (PRO) Approval Number	О	1			Situational
1850	К3	File Information	O	10			Situational
1900	NTE	Claim Note	O	10			Situational
1900	NTE	Billing Note	0	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Principal Diagnosis	O	1			Required
2310	HI	Admitting Diagnosis	O	1			Situational
2310	HI	Patient's Reason For Visit	O	1			Situational
2310	HI	External Cause of Injury	O	1			Situational
2310	НІ	Diagnosis Related Group (DRG) Information	O	1			Situational
2310	HI	Other Diagnosis Information	O	2			Situational
2310	HI	Principal Procedure Information	O	1			Situational
2310	НІ	Other Procedure Information	O	2			Situational
2310	HI	Occurrence Span Information	Ö	2			Situational
2310	HI	Occurrence Information	O	2			Situational
2310	HI	Value Information	O	2			Situational
2310	HI	Condition Information	O	2			Situational
2310	HI	Treatment Code Information	O	2			Situational
2410	HCP	Claim Pricing/Repricing	O	1			Situational
		Information		_			
LOOP	ID - 2310A	1			1	N2/2500L	
2500	NM1	Attending Provider Name	O	1		N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	О	1			Situational
2710	REF	Attending Provider Secondary Identification	О	4			Situational
LOOPI	ID - 2310I	.			1	N2/2500L	
2500	NM1	Operating Physician Name	0	1	<u>T</u>	N2/2500L	Situational
2710	REF	Operating Physician Operating Physician	0	4		112/2300	Situational
	KLI	Secondary Identification		-			Situational
LOOPI	ID - 23100				1	N2/2500L	• 1
							Situational
2500	NM1	Other Operating Physician	О	1		N2/2500	Situational
2500	NM1 REF	Name Other Operating Physician	0	1		N2/2500	Situational
2710	REF	Name Other Operating Physician Secondary Identification				N2/2500	
2710 LOOP I	REF ID - 23101	Name Other Operating Physician Secondary Identification	0	4	<u>1</u>	N2/2500L	Situational
2710 <u>LOOP 1</u> 2500	REF ID - 23101 NM1	Name Other Operating Physician Secondary Identification Page 12 Rendering Provider Name	0	1	1		Situational Situational
2710 LOOP I	REF ID - 23101	Name Other Operating Physician Secondary Identification	0	4	1	N2/2500L	Situational
2710 LOOP I 2500 2710	REF ID - 23101 NM1	Name Other Operating Physician Secondary Identification Pendering Provider Name Rendering Provider Secondary Identification	0	1	1	N2/2500L N2/2500	Situational Situational
2710 LOOP I 2500 2710	REF ID - 23101 NM1 REF	Name Other Operating Physician Secondary Identification Pendering Provider Name Rendering Provider Secondary Identification	0	1	_	N2/2500L	Situational Situational
2710 LOOP 1 2500 2710 LOOP 1	REF ID - 23101 NM1 REF ID - 23101	Name Other Operating Physician Secondary Identification Pendering Provider Name Rendering Provider Secondary Identification Service Facility Location	0 0 0	1 4	_	N2/2500L N2/2500 N2/2500L	Situational Situational Situational

2710	REF	City/State/ZIP Service Facility Secondary Identification	O	3			Situational
LOOP I	D - 2310F	7			1	N2/2500L	
2500	NM1	Referring Provider Name	O	1	_	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	0	3			Situational
LOOP I	D - 2320		·		10	N2/2900L	
2900	SBR	Other Subscriber Information	О	1	_	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	0	1			Situational
3100	OI	Other Insurance Coverage Information	О	1			Required
3150	MIA	Inpatient Adjudication Information	О	1			Situational
3200	MOA	Outpatient Adjudication Information	О	1			Situational
	D - 2330A				<u>1</u>	N2/3250L	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	0	1			Situational
3400	N4	Other Subscriber City/State/ZIP Code	О	1			Situational
3550	REF	Other Subscriber Secondary Information	О	2			Situational
LOOP I	D - 2330E	3			1	N2/3250L	
3250	NM1	Other Payer Name	О	1	_	N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City/State/ZIP Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	О	2			Situational
3550	REF	Other Payer Prior Authorization Number	О	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	О	1			Situational
LOOP I	D - 23300	7			1	N2/3250L	
3250	NM1	Other Payer Attending Provider	0	1		N2/3250	Situational
3550	REF	Other Payer Attending Provider Secondary Identification	0	4			Required
LOOP I	D - 2330I)			1	N2/3250L	
3250	NM1	Other Payer Operating Physician	O	1	_	N2/3250	Situational

3550	REF	Other Payer Operating Physician Secondary Identification	O	4			Required
LOOP I	D - 2330I	 E			1	N2/3250L	
3250	NM1	Other Payer Other Operating Physician	О	1	_	N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	0	4			Required
LOOP	D - 2330I	· ?			1	N2/3250L	
3250	NM1	Other Payer Service Facility Location	О	1	_	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	О	3			Required
LOOPI	D - 23300				1	N2/3250L	
3250	NM1	Other Payer Rendering Provider Name	О	1	±	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	О	4			Required
LOOP I	D - 2330I				1	N2/3250L	
3250	NM1	Other Payer Referring Provider	О	1	<u> </u>	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	О	3			Required
LOOP	D - 2330I				1	N2/3250L	
3250	NM1	Other Payer Billing Provider	О	1	<u> </u>	N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2			Required
<u> </u>			0	2	999	N2/3650L	Required
<u> </u>	REF D - 2400 LX		0	1	999	<u>N2/3650L</u> N2/3650	-
LOOP	D - 2400	Secondary Identifier			999		Required Required Required
LOOP 1 3650	ID - 2400 LX	Secondary Identifier Service Line Number	0	1	999		Required
LOOP J 3650 3750	LX SV2	Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date	0 0	1	999		Required Required
LOOP I 3650 3750 4200 4550 4700	LX SV2 PWK DTP REF	Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number	0 0 0	1 1 10	999		Required Required Situational Situational Situational
LOOP I 3650 3750 4200 4550 4700 4700	LX SV2 PWK DTP REF REF	Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number	0 0 0 0	1 1 10 1 1	999		Required Required Situational Situational Situational Situational
LOOP I 3650 3750 4200 4550 4700 4700	LX SV2 PWK DTP REF REF	Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number	0 0 0 0 0	1 1 10 1 1 1	999		Required Required Situational Situational Situational Situational
LOOP J 3650 3750 4200 4550 4700 4700 4700	LX SV2 PWK DTP REF REF REF AMT	Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount	0 0 0 0 0 0	1 1 10 1 1 1	999		Required Required Situational Situational Situational Situational Situational
LOOP J 3650 3750 4200 4550 4700 4700 4700 4750 4750	LX SV2 PWK DTP REF REF REF AMT AMT	Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount	0 0 0 0 0 0	1 1 10 1 1 1 1	999		Required Required Situational Situational Situational Situational Situational Situational
LOOP I 3650 3750 4200 4550 4700 4700 4700 4750 4850	LX SV2 PWK DTP REF REF REF AMT AMT NTE	Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes	0 0 0 0 0 0 0	1 1 10 1 1 1 1	999		Required Required Situational Situational Situational Situational Situational Situational Situational Situational
LOOP J 3650 3750 4200 4550 4700 4700 4700 4750 4750	LX SV2 PWK DTP REF REF REF AMT AMT	Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization	0 0 0 0 0 0	1 1 10 1 1 1 1	999		Required Required Situational Situational Situational Situational Situational Situational
LOOP I 3650 3750 4200 4550 4700 4700 4700 4750 4750 4850 4920	LX SV2 PWK DTP REF REF REF AMT AMT NTE	Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information	0 0 0 0 0 0 0	1 1 10 1 1 1 1	<u>999</u>		Required Required Situational
LOOP I 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920 LOOP I	D - 2400 LX SV2 PWK DTP REF REF AMT AMT NTE HCP	Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information Drug Identification	0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650	Required Required Situational
LOOP I 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920 LOOP I 4930 4940	D - 2400 LX SV2 PWK DTP REF REF AMT AMT NTE HCP D - 2410 LIN CTP	Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information Drug Identification Drug Quantity	0 0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650 N2/4930L	Required Required Situational
LOOP I 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920 LOOP I	D - 2400 LX SV2 PWK DTP REF REF AMT AMT NTE HCP	Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information Drug Identification	0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650 N2/4930L	Required Required Situational

5000 5250	NM1 REF	Operating Physician Name Operating Physician	0 0	1 20		N2/5000	Situational Situational
		Secondary Identification					
LOOP	ID - 2420I	<u>3</u>			<u>1</u>	N2/5000L	
5000	NM1	Other Operating Physician Name	О	1		N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	O	20			Situational
LOOP	ID - 24200	2			1	N2/5000L	
5000	NM1	Rendering Provider Name	О	1	_	N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP	ID - 2420I)			1	N2/5000L	
5000	NM1	Referring Provider Name	О	1		N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	0	20			Situational
LOOP	ID - 2430				<u>15</u>	N2/5400L	
5400	SVD	Line Adjudication Information	0	1	10	N2/5400	Situational
5450	CAS	Line Adjustment	O	5		1,2,0.00	Situational
5500	DTP	Line Check or Remittance Date	0	1			Required
5505	AMT	Remaining Patient Liability	О	1			Situational
LOOP	ID - 20000	C			<u>>1</u>		
0010	HL	Patient Hierarchical Level	О	1			Situational
0070	PAT	Patient Information	O	1			Required
LOOP	ID - 20100	CA			1	N2/0150L	<u> </u>
0150	NM1	Patient Name	О	1	_	N2/0150	Required
0250	N3	Patient Address	O	1			Required
0300	N4	Patient City/State/ZIP Code	O	1			Required
0320	DMG	Patient Demographic Information	О	1			Required
0350	REF	Property and Casualty Claim Number	O	1			Situational
0350	REF	Property and Casualty Patient Identifier	O	1			Situational
LOOP	ID - 2300				100		
1300	CLM	Claim information	0	1	200		Required
1350	DTP	Discharge Hour	O	1			Situational
1350	DTP	Statement Dates	0	1			Required
1350	DTP	Admission Date/Hour	0	1			Situational
1350	DTP	Date - Repricer Received Date	0	1			Situational
1400	CL1	Institutional Claim Code	O	1			Required
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Estimated Amount Due	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational

1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Investigational Device Exemption Number	O	5			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Auto Accident State	O	1			Situational
1800	REF	Medical Record Number	Ö	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Peer Review Organization (PRO) Approval Number	О	1			Situational
1850	K 3	File Information	O	10			Situational
1900	NTE	Claim Note	O	10			Situational
1900	NTE	Billing Note	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Principal Diagnosis	O	1			Required
2310	HI	Admitting Diagnosis	O	1			Situational
2310	HI	Patient's Reason For Visit	O	1			Situational
2310	HI	External Cause of Injury	O	1			Situational
2310	HI	Diagnosis Related Group (DRG) Information	O	1			Situational
2310	HI	Other Diagnosis Information	O	2			Situational
2310	HI	Principal Procedure Information	О	1			Situational
2310	HI	Other Procedure Information	O	2			Situational
2310	HI	Occurrence Span Information	O	2			Situational
2310	HI	Occurrence Information	O	2			Situational
2310	HI	Value Information	O	2			Situational
2310	HI	Condition Information	O	2			Situational
2310	HI	Treatment Code Information	0	2			Situational
2410	НСР	Claim Pricing/Repricing Information	O	1			Situational
LOOP	D - 2310A	1	*		1	N2/2500L	
2500	NM1	Attending Provider Name	O	1	_	N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	O	1			Situational
2710	REF	Attending Provider Secondary Identification	0	4			Situational
I UUD I	D - 2310I	3			. 1	N2/2500L	
2500	<u>D - 23101</u> NM1	Operating Physician Name	O	1	1	N2/2500L N2/2500	Situational
2710	REF	Operating Physician Operating Physician	0	4		112/2300	Situational
2710	KLI	Secondary Identification		4			Situational
LOOP I	D - 23100				1	N2/2500L	
2500	NM1	Other Operating Physician Name	О	1	_	N2/2500	Situational
2710	REF	Other Operating Physician Secondary Identification	0	4			Situational
LOOD	D 22101)			1	N2/25001	
	D - 2310I	 -	0	1	<u>1</u>	N2/2500L	Cityotian -1
2500	NM1	Rendering Provider Name	0	1		N2/2500	Situational
2710	REF	Rendering Provider Secondary Identification	О	4			Situational
	_						
	D - 2310I				<u>1</u>	N2/2500L	
2500	NM1	Service Facility Location	O	1		N2/2500	Situational

		Name					ĺ
2650	N3	Service Facility Location	O	1			Required
2030	113	Address	Ü	1			rtoquirea
2700	N4	Service Facility Location City/State/ZIP	O	1			Required
2710	REF	Service Facility Secondary Identification	O	3			Situational
1.00D.1	D 2210E				4	N/A /A FOOT	
2500	D - 2310F NM1	Referring Provider Name	O	1	<u>1</u>	N2/2500L N2/2500	Situational
2710	REF	Referring Provider Secondary	0	3		11/2/2300	Situational
2710	KLI	Identification					Situational
LOOP I	D - 2320		•		<u>10</u>	N2/2900L	
2900	SBR	Other Subscriber Information	O	1	_	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits	O	1			Situational
		(COB) Total Non-covered Amount					
3100	OI	Other Insurance Coverage Information	O	1			Required
3150	MIA	Inpatient Adjudication Information	O	1			Situational
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP I	ID - 2330A				1	N2/3250L	
3250	NM1	Other Subscriber Name	О	1	_	N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/ZIP Code	O	1			Situational
3550	REF	Other Subscriber Secondary Information	О	2			Situational
LOOPI	D - 2330B				1	N2/3250L	
3250	NM1	Other Payer Name	0	1	<u> </u>	N2/3250L	Required
3320	N3	Other Payer Address	0	1		112/3230	Situational
3400	N4	Other Payer City/State/ZIP	0	1			Situational
5100	111	Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment	0	1			Situational
		Indicator					
3550	REF	Other Payer Claim Control Number	0	1			Situational
LOOP	D - 2330C	· · · · · · · · · · · · · · · · · · ·			1	N2/3250L	
3250	NM1	Other Payer Attending	0	1	<u> </u>	N2/3250	Situational
		Provider	-	=		J - 0	
3550	REF	Other Payer Attending Provider Secondary Identification	О	4			Required
							J

LOOPI	D - 2330I	<u> </u>			1	N2/3250L	
3250	<u>NM</u> 1	Other Payer Operating	O	1	1	N2/3250L N2/3250	Situational
3230		Physician				112/3230	
3550	REF	Other Payer Operating Physician Secondary Identification	О	4			Required
LOOPI	D - 23301	· · · · · · · · · · · · · · · · · · ·			<u> </u>	N2/3250L	
3250	NM1	Other Payer Other Operating	O	1	±	N2/3250	Situational
		Physician				112/3230	
3550	REF	Other Payer Other Operating Physician Secondary Identification	О	4			Required
LOOP I	D - 23301	 ਹ			1	N2/3250L	
3250	NM1	Other Payer Service Facility	О	1		N2/3250	Situational
2550	DEE	Location	0	2			D 1 1
3550	REF	Other Payer Service Facility Location Secondary Identification	О	3			Required
LOOP	D 22204	7			1	N2/22501	
3250	D - 23300 NM1	Other Payer Rendering	O	1	1	N2/3250L N2/3250	Situational
		Provider Name				112/3230	
3550	REF	Other Payer Rendering Provider Secondary Identifier	О	4			Required
LOOP I	D - 23301	H			1	N2/3250L	
3250	NM1	Other Payer Referring Provider	О	1	_	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOPI	D - 23301				1	N2/3250L	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250L	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2		112/3230	Required
		Secondary Identifier					
LOOP I			_		<u>999</u>	N2/3650L	
3650	LX	Service Line Number	0	1		N2/3650	Required
3750	SV2	Institutional Service Line	0	1			Required
4200	PWK	Line Supplemental Information	О	10			Situational
4550	DTP	Date - Service Date	O	1			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	0	1			Situational
4750	AMT	Service Tax Amount	O	1			Situational
4750	AMT	Facility Tax Amount	O	1			Situational
4850	NTE	Third Party Organization Notes	О	1			Situational
4920	HCP	Line Pricing/Repricing	O	1			Situational
LOOP I	D 2410	Information			1	N2/40201	
4930	<u>D - 2410</u> LIN	Drug Identification	O	1	Ţ	N2/4930L N2/4930	Situational
/10/3/1	LIIN	Ding Inchilication	U	1		コリム/サランリ	JUHAHOHAI

4950	REF	Prescription or Compound Drug Association Number	О	1			Situational
LOOP	D - 2420A	<u> </u>		•	1	N2/5000L	
5000	NM1	Operating Physician Name	О	1	_	N2/5000	Situational
5250	REF	Operating Physician Secondary Identification	О	20			Situational
LOOP	D - 2420I	 B			1	N2/5000L	
5000	NM1	Other Operating Physician Name	О	1	_	N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	O	20			Situational
LOOP I	D - 24200	7			1	N2/5000L	
5000	NM1	Rendering Provider Name	O	1	-	N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	О	20			Situational
LOOP I	D - 2420I)			1	N2/5000L	
LOOP 1 5000	D - 2420I NM1	Referring Provider Name	O	1	<u>1</u>	N2/5000L N2/5000	Situational
			0 0	1 20	<u>1</u>		Situational Situational
5000 5250	NM1	Referring Provider Name Referring Provider Secondary	-	_	_		
5000 5250	NM1 REF	Referring Provider Name Referring Provider Secondary	-	_	<u>1</u>	N2/5000	
5000 5250 LOOP I	NM1 REF	Referring Provider Name Referring Provider Secondary Identification	0	20	_	N2/5000 N2/5400L	Situational
5000 5250 LOOP I 5400	NM1 REF D - 2430 SVD	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information	0	20	_	N2/5000 N2/5400L	Situational Situational
5000 5250 LOOP I 5400 5450	NM1 REF D - 2430 SVD CAS	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance	0 0 0	20 1 5	_	N2/5000 N2/5400L	Situational Situational Situational
5000 5250 LOOP 1 5400 5450 5500	NM1 REF D - 2430 SVD CAS DTP	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date	0 0 0 0	20 1 5 1	_	N2/5000 N2/5400L	Situational Situational Situational Required
5000 5250 LOOP I 5400 5450 5500	NM1 REF D - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability	0 0 0 0	20 1 5 1	_	N2/5000 N2/5400L	Situational Situational Situational Required Situational
5000 5250 LOOP I 5400 5450 5500 5505 5550	NM1 REF D - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability	0 0 0 0	20 1 5 1	_	N2/5000 N2/5400L	Situational Situational Situational Required Situational
5000 5250 LOOP I 5400 5450 5500 5505 5550 Not Defi	NM1 REF D - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability Transaction Set Trailer	O O O O M	20 1 5 1 1	<u>15</u>	N2/5000 N2/5400L N2/5400	Situational Situational Situational Required Situational Required

Health Care Claim: Institutional - 837

6/23/2011

ISA Interchange Control Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required

Description: Code identifying the type of information in the Authorization Information **TennCare Notes:** *Preferred value is '00'*

Code Name

No Authorization Information Present (No Meaningful Information in I02)

03 Additional Data Identification

ISA03 I03 **Security Information Qualifier** M ID 2/2 Required

Description: Code identifying the type of information in the Security Information **TennCare Notes:** *Preferred value is '00'*

Code Name

No Security Information Present (No Meaningful Information in I04)

01 Password

ISA05 I05 Interchange ID Qualifier M ID 2/2 Required

Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element

being qualified

TennCare Notes: Preferred value is 'ZZ'

Health Industry Number (HIN)					
ministration					
inancing					
ealth Care					
C)					
Required					

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element **TennCare Notes:** This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions.

6/23/2011 Health Care Claim : Institutional - 837

ISA07	I05	Interchange	e ID Qualifier	M	ID	2/2	Required
		system/meth designate the being qualif	: Code indicating the nod of code structure used to e sender or receiver ID element ied Notes: Preferred value is 'ZZ'				
		<u>Code</u>	<u>Name</u>				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as (HCFA)	assigned	by Health (Care Financin	g Administration
		28	Fiscal Intermediary Identification Administration (HCFA)	Number	as assigned	l by Health C	are Financing
		29	Medicare Provider and Supplier I Financing Administration (HCFA		tion Number	er as assigned	by Health Care
		30	U.S. Federal Tax Identification N	umber			
		33	National Association of Insurance	e Commis	ssioners Co	mpany Code	(NAIC)
		ZZ	Mutually Defined				
ISA08	I07	Interchange	e Receiver ID	M	AN	15/15	Required
		the receiver used by the sother parties receiving ID TennCare N '626001445'	Identification code published by of the data; When sending, it is sender as their sending ID, thus a sending to them will use this as a to to route data to them Notes: It will be TennCare's ID TC' for Inbound Transactions. This is the Sender Trading Partner ID for transactions.				
ISA13	I12	Interchange	e Control Number	M	N0	9/9	Required
		interchange	: A control number assigned by the sender Notes: System generated				
ISA15	I14	Interchange	e Usage Indicator	M	ID	1/1	Required
		enclosed by production of TennCare M	c: Code indicating whether data this interchange envelope is test, or information Notes: Use 'T' for Test Transactions Production Transactions.				
		<u>Code</u> P T	<u>Name</u> Production Data Test Data				

GS Functional Group Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 8

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
GS02	142	Application Sender's Code	M	AN	2/15	Required
		Description: Code identifying party sending transmission; codes agreed to by trading partners TennCare Notes: Same as ISA06.				
GS03	124	Application Receiver's Code	M	AN	2/15	Required
		Description: Code identifying party receiving transmission; codes agreed to by trading partners TennCare Notes: Same as ISA08.				

BHT Beginning of Hierarchical Transaction

Pos: 0100 Max: 1 Heading - Mandatory Loop: N/A Elements: 6

User Option (Usage): Required

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
BHT03	127	Reference Identification	O	AN	1/50	Required
		Description: Reference informat for a particular Transaction Set of by the Reference Identification Q TennCare Notes: <i>Batch Control</i>	as specified ualifier			
BHT06	640	Transaction Type Code	O	ID	2/2	Required
		Description: Code specifying the type of transaction Fee for Service Notes: Error Message: BHT06 code Invalid. Valid Transaction Type Code for Tenncare is 'CH'. Description: Valid Transaction Type Code for Tenncare is 'CH'				
		CodeName31Subrogation Dem.CHChargeableRPReporting	and			

NM1 Submitter Name

Pos: 0200 Max: 1 Heading - Optional Loop: 1000A Elements: 7

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM10967Identification CodeXAN2/80Required

Description: Code identifying a party or other

code

TennCare Notes: This value will be the Trading Partner ID/Submitter ID. Same as

ISA06.

NM1 Receiver Name

Pos: 0200 Max: 1
Heading - Optional
Loop: 1000B Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM1031035Name Last or Organization NameXAN1/60Required

Description: Individual last name or

organizational name

TennCare Notes: TENNCARE

NM109 67 **Identification Code** X AN 2/80 Required

Description: Code identifying a party or other

code

TennCare Notes: Receiver Code. Same as

ISA08. '626001445TC'

PRV Billing Provider Specialty Information

Pos: 0030 Max: 1 Detail - Optional Loop: 2000A Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

RefIdElement NameReqTypeMin/MaxUsagePRV03127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Taxonomy code is required*

on FFS.

ExternalCodeList

Name: 682

Description: Health Care Provider Taxonomy

N3 Billing Provider Address

Pos: 0250 Max: 1
Detail - Optional
Loop: Elements: 2

User Option (Usage): Required

Purpose: To specify the location of the named party

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageN301166Address InformationMAN1/55Required

Description: Address information

Fee for Service Notes: This is the submitter's address/the billing provider's address for FFS claims.

N4 Billing Provider City, State, ZIP Code

Pos: 0300 Max: 1
Detail - Optional
Loop: Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageN40426Country CodeXID2/3Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in

the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

REF Billing Provider Tax Identification

Pos: 0350 Max: 1
Detail - Optional
Loop: Elements: 2

2010AA

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF01128Reference Identification QualifierMID2/3Required

Description: Code qualifying the Reference

Identification

TennCare Notes: 5010 Valid Value: 'EI'

required

Code Name

EI Employer's Identification Number

Pay-to Address Name NM1

Pos: 0150 Max: 1 **Detail - Optional** Loop: Elements: 2 2010AB

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref **Element Name** Type <u>Id</u> Min/Max <u>Usage</u> Req NM101 98 Μ ID 2/3 **Entity Identifier Code** Required

> Description: Code identifying an organizational entity, a physical location,

property or an individual

TennCare Notes: Pay-to provider can be sent

sometimes on TennCare

Code Name

87 Pay-to Provider

Pay-to Address City, State, ZIP Code

Pos: 0300 Max: 1 **Detail - Optional** Loop:

2010AB

Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

Ref Id **Element Name** Min/Max Usage **Type** Req N404 26 **Country Code** ID 2/3 Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in

the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

Pay-To Plan City/State/Zip Code

Pos: 0300 Max: 1 **Detail - Optional** Loop:

2010AC

Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u> <u>Id</u> **Element Name** Req **Type** Min/Max <u>Usage</u> N404 26 **Country Code** ID 2/3 Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in

the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP',

'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

SBR Subscriber Information

Pos: 0050 Max: 1
Detail - Optional
Loop: 2000B Elements: 5

User Option (Usage): Required

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Licincii	, umminu	· J •					
Ref Id SBR01 1138		Element Name Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim Fee for Service Notes: 'P' or 'S' or 'T' required			<u>Type</u> ID	<u>Min/Max</u> 1/1	<u>Usage</u> Required
		Code A B C D E F G H P S T	Name Payer Responsibility Four Payer Responsibility Five Payer Responsibility Six Payer Responsibility Seven Payer Responsibility Eight Payer Responsibility Nine Payer Responsibility Ten Payer Responsibility Eleven Primary Secondary Tertiary Unknown				
SBR02	SBR02 1069		U Unknown Individual Relationship Code Description: Code indicating the relationship between two individuals or entities TennCare Notes: '18' required if the patient is a subscriber or a dependent.		ID	2/2	Situational
		<u>Code</u> 18	<u>Name</u> Self				
SBR09	1032	Descriptio	ng Indicator Code n: Code identifying type of claim rvice Notes: 'DS'	О	ID	1/2	Situational
		Code 11 12 13 14 15 16 17 AM BL CH	Name Other Non-Federal Programs Preferred Provider Organization (Point of Service (POS) Exclusive Provider Organization Indemnity Insurance Health Maintenance Organization Dental Maintenance Organization Automobile Medical Blue Cross/Blue Shield Champus	(EPO)) Medicare	e Risk	

CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

Subscriber Name NM1

Pos: 0150 Max: 1 **Detail - Optional Elements: 8** 2010BA

User Option (Usage): Required **Purpose:** To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u> NM108	<u>Id</u> 66	Element Name Identification Code Qualifier	Req X	<u>Type</u> ID	Min/Max 1/2	<u>Usage</u> Situational
		Description: Code designating the system/method of code structure used for Identification Code (67) Fee for Service Notes: 'II' required				
		CodeNameIIStandard Unique Health IdentifieMIMember Identification Number	r for eac	h Individu	al in the United	l States
NM109	67	Identification Code	X	AN	2/80	Situational
		Description: Code identifying a party or other code Fee for Service Notes: Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators. Description: 2010BA NM109 where NM108=MI (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11				

REF Payer Claim Control Number

Pos: 1800 Max: 1 Detail - Optional Loop: 2300 Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF02127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *HP assigned ICN when an adjustment or a void is sent.*

NTE Billing Note

Pos: 1900 Max: 1 Detail - Optional Loop: 2300 Elements: 2

User Option (Usage): Situational

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

NTE02 352 **Description** M AN 1/80 Required

Description: A free-form description to clarify the related data elements and their content **TennCare Notes:** Sub-component 1(required): date-time stamp: CCYYMMDDhhmmssnn (up to 16 digits) "|" 2(optional) "paper" for paper claims, "|" 3(Choices optional) valid values UC, UD, 01, 02, 03 (multiples allowed) i.e. 2007082209200112|PAPER|UD0103 2007082209200112|/UC02.

PRV Attending Provider Specialty Information

Pos: 2550 Max: 1
Detail - Optional
Loop: 2310A Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

RefIdElement NameReqTypeMin/MaxUsagePRV03127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Taxonomy Code is*

required on FFS claims.

ExternalCodeList
Name: 682

Description: Health Care Provider Taxonomy

REF Attending Provider Secondary Identification

Pos: 2710 Max: 4 Detail - Optional Loop: 2310A Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF01128Reference Identification QualifierMID2/3Required

Description: Code qualifying the Reference

Identification

Fee for Service Notes: 'LU' Required

Code Name 0BState License Number 1G Provider UPIN Number G2 Provider Commercial Number **Description:** A unique number assigned to a provider by a commercial insurer LU Location Number Reference Identification X AN 1/50 Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Facility Code*

REF Operating Physician Secondary Identification

User Option (Usage): Situational

127

Purpose: To specify identifying information

Element Summary:

REF02

RefIdElement NameReqTypeMin/MaxUsageREF02127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is*

required.

REF Other Operating Physician Secondary Identification

Pos: 2710 Max: 4
Detail - Optional
Loop: 2310C Elements: 2

Detail - Optional

Max: 4

Elements: 2

Pos: 2710

oop: 2310B

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF02127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is*

Rendering Provider Secondary Pos: 2710 REF **Identification**

Max: 4 **Detail - Optional** Loop: 2310D Elements: 2

Detail - Optional

Max: 1

Elements: 5

Pos: 2700

Loop: 2310E

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

Ref Id **Element Name** Req Type Min/Max Usage REF02 127 **Reference Identification** AN 1/50 Required

> **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: Medicaid ID is

required.

Service Facility Location N4 City/State/ZIP

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u> <u>Id</u> **Element Name Type** Min/Max **Usage** Req N404 26 ID **Country Code** 2/3 Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

Service Facility Secondary REF **Identification**

Pos: 2710 Max: 3 **Detail - Optional** Loop: 2310E Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

Ref <u>Id</u> **Element Name Type** Min/Max **Usage** Req. REF02 127 **Reference Identification** X AN 1/50 Required

> **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Medicaid ID is

Referring Provider Secondary REF **Identification**

Pos: 2710 Max: 3 **Detail - Optional** Loop: 2310F Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

Ref Id **Element Name** Type Min/Max Usage Rea REF02 127 **Reference Identification** AN 1/50 Required

> **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is*

required.

Other Payer Operating REF **Physician Secondary Identification**

Pos: 3550 Max: 4 **Detail - Optional** Loop: 2330D Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

Ref **Element Name** Id Req Type Min/Max <u>Usage</u> Required REF02 127 Reference Identification 1/50 AN

> **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: Medicaid ID is

required.

Other Payer Other Operating REF **Physician Secondary Identification**

Pos: 3550 Max: 4 **Detail - Optional** Loop: 2330E Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

Element Name <u>Ref</u> <u>Id</u> Req. **Type** <u>Usage</u> REF02 127 **Reference Identification** AN 1/50 Required

> **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: Medicaid ID is

REF

Other Payer Service Facility Location Secondary Identification

Pos: 3550 Max: 3
Detail - Optional
Loop: 2330F Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF02127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is required.*

REF

Other Payer Referring Provider Secondary Identification

Pos: 3550 Max: 3
Detail - Optional
Loop: 2330H Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF02127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is required.*

SV2

Institutional Service Line

Pos: 3750 Max: 1
Detail - Optional
Loop: 2400 Elements: 6

User Option (Usage): Required

Purpose: To specify the service line item detail for a health care institution

the edit. 837I (2400 SV205).

Element Summary:

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
SV205	380	Quantity	X	R	1/15	Required
		Description: Numeric value of quantity				
		Fee for Service Notes:				
		Error Message: Service Line Quantity Cannot				
		Be Less Than or Equal to Zero				
		Description: If the service line Quantity				
		amount is equal to zero or less than zero, set				

LIN Drug Identification

Pos: 4930 Max: 1
Detail - Optional
Loop: 2410 Elements: 2

User Option (Usage): Situational

Purpose: To specify basic item identification data

Element Summary:

6/23/2011

RefIdElement NameReqTypeMin/MaxUsageLIN02235Product/Service ID QualifierMID2/2Required

Description: Code identifying the type/source

of the descriptive number used in Product/Service ID (234)

 $\textbf{TennCare Notes:} \ LIN \ segment \ required \ for \ all$

J-codes.

Code Name

N4 National Drug Code in 5-4-2 Format

Description: 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size

LIN03 234 **Product/Service ID** M AN 1/48 Required

Description: Identifying number for a product

or service

TennCare Notes: 11 bytes required for NDC

code.

ExternalCodeList

Name: 240

Description: National Drug Code by Format

CTP Drug Quantity

Pos: 4940 Max: 1 Detail - Optional Loop: 2410 Elements: 2

User Option (Usage): Required **Purpose:** To specify pricing information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageCTP04380QuantityXR1/15Required

Description: Numeric value of quantity **TennCare Notes:** *CTP segment required when LIN is present.*

REF Operating Physician Secondary Identification

Pos: 5250 Max: 20 Detail - Optional Loop: 2420A Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF02127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Medicaid ID is required.*

REF Other Operating Physician Secondary Identification

Pos: 5250 Max: 20 Detail - Optional Loop: 2420B Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageREF02127Reference IdentificationXAN1/50Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is*

required.

REF Rendering Provider Secondary Identification Pos: 5250 De Loop: 242

Pos: 5250 Max: 20
Detail - Optional
Loop: 2420C Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	<u>Req</u>	Type	Min/Max	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is required.*

REF Referring Provider Secondary Identification

Pos: 5250 Max: 20 Detail - Optional Loop: 2420D Elements: 3

 $\textbf{User Option (Usage):} \ \textbf{Situational} \\$

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	<u>Req</u>	Type	Min/Max	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Fee for Service Notes:** *Medicaid ID is*

Line Adjudication Information Pos: 5400 Max: 1 **Detail - Optional** Loop: 2430 Elements: 6

User Option (Usage): Situational

Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
SVD05	380	Quantity	O	R	1/15	Required
		Description: Numeric value of quantity				
		TennCare Notes:				
		$-999.999.99 \le values \ge 999.999.99$				

Patient Information PAT

Pos: 0070 Max: 1 **Detail - Optional** Loop: 2000C Elements: 1

User Option (Usage): Required Purpose: To supply patient information

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
PAT01	1069	Individual Relationship Code	O	ID	2/2	Required
		Description: Code indicating the relationship				

between two individuals or entities **Fee for Service Notes:** *In TennCare, the only* non-subscriber patient (dependant) allowed is a new born of less than 30 days old. It can happen in both Encounters and FFS.

Code Name 01 Spouse 19 Child **Description:** Dependent between the ages of 0 and 19; age qualifications may vary depending on policy 20 Employee 21 Unknown 39 Organ Donor **Description:** Individual receiving medical service in order to donate organs for a transplant 40 Cadaver Donor **Description:** Deceased individual donating body to be used for research or transplants 53 Life Partner G8 Other Relationship

6/23/2011 Health Care Claim: Institutional - 837

NM1 Patient Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 6

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM10198Entity Identifier CodeMID2/3Required

Description: Code identifying an organizational entity, a physical location,

property or an individual

Fee for Service Notes: Loop 2000CA will be mapped when newborns are reported under mother's SSN, which can be for both

Encounters and FFS.

Code Name
QC Patient

Description: Individual receiving medical care

DMG Patient Demographic Information

Pos: 0320 Max: 1 Detail - Optional

Loop: 2010CA Elements: 3

User Option (Usage): Required

Purpose: To supply demographic information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageDMG021251Date Time PeriodXAN1/35Required

Description: Expression of a date, a time, or range of dates, times or dates and times **Fee for Service Notes:** New born's DOB